

SERFF Tracking Number:	NALF-126392967	State:	Arkansas
Filing Company:	Life Insurance Company of the Southwest	State Tracking Number:	44539
Company Tracking Number:	1480(1109)		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Avocation, Aviation & Foreign Travel Supplemental Application		
Project Name/Number:	Avocation, Aviation & Foreign Travel Supplemental Application/1480(1109)		

## Filing at a Glance

Company: Life Insurance Company of the Southwest

Product Name: Avocation, Aviation & Foreign    SERFF Tr Num: NALF-126392967    State: Arkansas

Travel Supplemental Application

TOI: L08 Life - Other

SERFF Status: Closed-Approved-  
Closed    State Tr Num: 44539

Sub-TOI: L08.000 Life - Other

Co Tr Num: 1480(1109)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Susan Carey, Laurie

Disposition Date: 01/14/2010

Trombly, Michelle Goodwin

Date Submitted: 01/12/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Avocation, Aviation & Foreign Travel Supplemental  
Application

Status of Filing in Domicile: Pending

Project Number: 1480(1109)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Submitted to Texas  
concurrently.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/14/2010

Explanation for Other Group Market Type:

State Status Changed: 01/14/2010

Deemer Date:

Created By: Laurie Trombly

Submitted By: Laurie Trombly

Corresponding Filing Tracking Number:

Filing Description:

Today we submit for your consideration a revised version of our Avocation, Aviation and Foreign Travel Supplemental Application. We have revised the submitted supplemental application in order to accommodate its use not only with National Life Insurance Company, but also with our subsidiary company, Life Insurance Company of the Southwest. This one new form will replace the previously approved individual forms used by each company. The replaced forms are as follows:

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National Life: 1480AR(1297) which was approved for use on February 3, 1998.

Life Insurance Company of the Southwest: 8003AR(0798) which was approved for use on September 1, 1998.

This submission is to secure approval on behalf of Life Insurance Company of the Southwest. I have submitted a separate SERFF filing (NALF-126392968) of this same form in order to secure approval on behalf of National Life Insurance Company.

Form 1480(1109) is a supplement to our Life Insurance Application and is used to solicit additional information on the aviation, avocation and foreign travel activities of a Proposed Insured. Form 1480(1109) scores 53.0 on the Flesch Readability scale.

## Company and Contact

### Filing Contact Information

Laurie Trombly, Senior Policy Forms Analyst	LTrombly@nationallife.com
One National Life Drive	802-229-3614 [Phone]
Montpelier, VT 05604	802-229-3743 [FAX]

### Filing Company Information

Life Insurance Company of the Southwest	CoCode: 65528	State of Domicile: Texas
1300 West Mockingbird Lane	Group Code: -99	Company Type:
Dallas, TX 75247	Group Name:	State ID Number: 1117
(214) 638-9316 ext. [Phone]	FEIN Number: 75-0953004	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	Texas charges \$100 for this same filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of the Southwest	\$100.00	01/12/2010	33461954

<i>SERFF Tracking Number:</i>	<i>NALF-126392967</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of the Southwest</i>	<i>State Tracking Number:</i>	<i>44539</i>
<i>Company Tracking Number:</i>	<i>1480(1109)</i>		
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<i>Product Name:</i>	<i>Avocation, Aviation &amp; Foreign Travel Supplemental Application</i>		
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	01/14/2010	01/14/2010

<i>SERFF Tracking Number:</i>	<i>NALF-126392967</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of the Southwest</i>	<i>State Tracking Number:</i>	<i>44539</i>
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## Disposition

Disposition Date: 01/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NALF-126392967</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Third Party Authorization		Yes
<b>Form</b>	Avocation, Aviation & Foreign Travel Supplemental Application		Yes

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## Form Schedule

Lead Form Number: 1480(1109)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1480(1109)	Application/ Enrollment Form	Avocation, Aviation & Initial Foreign Travel Supplemental Application			53.000	1480(1109).pdf

**National Life Insurance Company**

Home / Administrative Office: One National Life Drive, Montpelier, VT 05604

**Life Insurance Company of the Southwest**

Administrative Office: One National Life Drive, Montpelier, VT 05604

Home Office: 1300 West Mockingbird Lane, Dallas, TX 75247-4921

Full Name of Proposed Insured: \_\_\_\_\_

All questions refer to Proposed Insured

**Part A - Aviation Questionnaire** (For pilots and crew members.)

1. What type of Pilot Certificate do you hold?

☐ Student ☐ Private ☐ Commercial ☐ Airline Transport Rating (ATR) ☐ Instrument Flight Rating (IFGR)

2. Are you a member of a Military Reserve or National Guard unit on flying status? ☐ Yes ☐ No If "Yes", check one? ☐ Active ☐ Inactive

3. What type of aircraft do you fly? \_\_\_\_\_ Crew position \_\_\_\_\_

4. Was your certificate granted subject to physical waiver? \_\_\_\_\_ ☐ Yes ☐ No

5. Have you ever been grounded or restricted for violation of Civil Air Regulations? (If "Yes", give details in Remarks) \_\_\_\_\_ ☐ Yes ☐ No

6. Has your Federal Pilot Certificate ever been cancelled? (If "Yes", give details in Remarks) \_\_\_\_\_ ☐ Yes ☐ No

7. Date of last flight as a Pilot: \_\_\_\_\_ Crew member: \_\_\_\_\_

8. Is it your intention to fly in the future as a: Pilot ☐ Yes ☐ No Crew member ☐ Yes ☐ No

9. Total flying hours (Give details in Remarks.) ☐ Student ☐ Pilot in Command ☐ Other capacity

Describe your annual flying activity in the chart below.

Type of Flying	Next 12 mos. hours	Past 12 mos. hours	1 to 2 years ago hours
Employer-owned			
Charter flying or instructing			
Non-commercial pilot or student			
Military			
Other (Give details in Remarks)			

10. Do you fly only within the United States? (If "No", give details in Remarks) \_\_\_\_\_ ☐ Yes ☐ No

11. If full coverage at standard rates is not available, do you desire:

☐ Full coverage with extra premium, if available? ☐ Restricted aviation coverage without extra premium, if available?

**Part B - Foreign Travel Questionnaire**

1. To what foreign country (or countries) do you intend to travel? \_\_\_\_\_

2. How long do you plan to remain? \_\_\_\_\_

3. For what purpose is the trip made? \_\_\_\_\_

4. Will you be located in one or more of the larger cities, or will you travel about the country? \_\_\_\_\_

5. Have you traveled abroad before? \_\_\_\_\_ ☐ Yes ☐ No

6. If so, when and to what countries? \_\_\_\_\_

## Part C - Avocation Questionnaire

### C.1. Automobile, motorcycle or motorboat racing

- a. Are you a member of any of the following racing organizations? ☐ Automobile ☐ Motorcycle ☐ Motorboat  
If so, name of organization? \_\_\_\_\_
- b. Describe the car or cycle you drive or the boat you race  
Make/Type: \_\_\_\_\_ Model or Class: \_\_\_\_\_ Size: \_\_\_\_\_ Horsepower: \_\_\_\_\_
- c. Is your vehicle equipped for racing? (If "Yes", give details in Remarks) \_\_\_\_\_ ☐ Yes ☐ No
- d. Describe racing: Type of course: \_\_\_\_\_ Length of course: \_\_\_\_\_ Duration of races: \_\_\_\_\_  
Location: \_\_\_\_\_ Maximum speed attained: \_\_\_\_\_
- e. Describe your status and experience: ☐ Professional ☐ Amateur  
Number of races: \_\_\_\_\_ Last 12 months: \_\_\_\_\_ Anticipated next 12 months: \_\_\_\_\_

### C.2. Parachuting and Sky Diving

- a. Are you a member of the United States Parachute Association? \_\_\_\_\_ ☐ Yes ☐ No
- b. Do you hold a parachutist license? \_\_\_\_\_ ☐ Yes ☐ No  
(If "Yes", class) \_\_\_\_\_
- c. Describe your experience in parachuting or sky diving  
Total jumps to date: \_\_\_\_\_ Total jumps last 12 months: \_\_\_\_\_ Total anticipated next 12 months: \_\_\_\_\_  
Do you perform sky diving or delay jumps? (If "Yes", give details in Remarks) \_\_\_\_\_ ☐ Yes ☐ No  
Number of delay jumps: \_\_\_\_\_ Maximum seconds delay: \_\_\_\_\_  
Do you participate in baton passing or other stunts? (If "Yes", give details in Remarks) \_\_\_\_\_ ☐ Yes ☐ No  
Do you participate in local or national competition? (If "Yes", give details in Remarks) \_\_\_\_\_ ☐ Yes ☐ No
- d. Location of jump areas: \_\_\_\_\_

### C.3. Underwater Diving

- a. Are you a member of a skin or scuba diving organization? \_\_\_\_\_ ☐ Yes ☐ No  
(If "Yes", name of organization) \_\_\_\_\_
- b. Describe diving activity  
Location: \_\_\_\_\_ Purpose: (Recreation, research, rescue team - describe) \_\_\_\_\_  
Equipment used: \_\_\_\_\_ Maximum time submerged: \_\_\_\_\_  
Maximum depth attained: \_\_\_\_\_ Average depth current diving: \_\_\_\_\_
- c. Describe your status and experience: ☐ Professional ☐ Amateur  
Number of yrs diving experience: \_\_\_\_\_ Number of dives last 12 months: \_\_\_\_\_ Number of dives anticipated next 12 months: \_\_\_\_\_

### C.4. Other Hazardous Sports or Avocations

Provide full details in Remarks describing participation in competition sports, skin or scuba diving, hang gliding, BASE jumping or bungee cord jumping, big game hunting, mountain climbing, cave exploring, rodeos or snowmobiling. BASE is an acronym for building, antenna tower, span (usually bridge), and earth formation (usually cliff).



**Part D - Remarks****Part E - Fraud Warnings and Notices**

**AR** - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to civil fines, criminal penalties and confinement in prison. **DC** - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties may include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **NJ** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Part F - Please Read and Sign**

The statements and answers are, to the best knowledge and belief of the Proposed Insured, complete and true. They, together with the statements and answers on the application to which this is a supplement, shall be a part of the contract if one is issued. The Applicant, if someone other than the Proposed insured, agrees to be bound by all statements and answers in this supplement.

Signed at (City & State) \_\_\_\_\_ this day of (mm/dd/yyyy) \_\_\_\_\_

Applicant (Sign name in full) \_\_\_\_\_

Proposed Insured (If other than the Applicant, sign name in full) \_\_\_\_\_

Agent (Sign name in full) \_\_\_\_\_

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR Readability.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> Application submitted under Forms Schedule tab.		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Third Party Authorization <b>Comments:</b> <b>Attachment:</b> Third Party Authorization.pdf		

## Arkansas Certification

This is to certify that the attached form number 1480(1109) has achieved a Flesch Reading Score of 53.0 and complies in all respects with the requirements of Arkansas Statute Annotated Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

**National Life Insurance Company**  
**Life Insurance Company of the Southwest**



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Bennett E. Law  
Vice President  
Designated Representative

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January 8, 2010  
Date

January 16, 2009

To Whom It May Concern:

This letter is to authorize **Bennett E. Law**, Vice President – Policy Forms & General Services, of National Life Insurance Company, Montpelier, Vermont, as a **Designated Representative** of Life Insurance Company of the Southwest to submit product filings on their behalf.

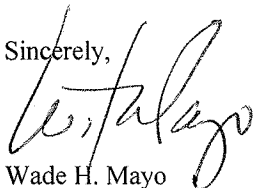
All questions and comments regarding this filing should first be addressed to Mr. Law. I stand ready, however, to answer for Life Insurance Company of the Southwest directly should that need arise.

Mr. Law may be contacted at:

National Life Insurance Company  
One National Life Drive  
Montpelier, Vermont 05604  
Phone: 802-229-3675  
Fax: 802-229-3743

Life Insurance Company of the Southwest thanks you for your consideration in this matter.

Sincerely,



Wade H. Mayo  
President & Chief Executive Officer

January 16, 2009

To Whom It May Concern:

This letter is to authorize **Laurie R. Trombly**, Manager – Forms Management, of National Life Insurance Company, Montpelier, Vermont, as a **Designated Representative** of Life Insurance Company of the Southwest to submit product filings on their behalf.

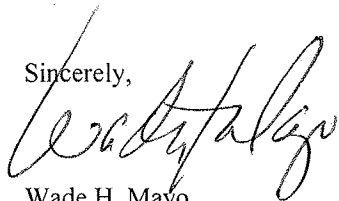
All questions and comments regarding this filing should first be addressed to Mrs. Trombly. I stand ready, however, to answer for Life Insurance Company of the Southwest directly should that need arise.

Mrs. Trombly may be contacted at:

National Life Insurance Company  
One National Life Drive  
Montpelier, Vermont 05604  
Phone: 802-229-3614  
Fax: 802-229-3743

Life Insurance Company of the Southwest thanks you for your consideration in this matter.

Sincerely,



Wade H. Mayo  
President & Chief Executive Officer